COVID-19: updates on follow-up & long-term effects

21st January 2021

**guidance & national developments**

**Title:** **LONG COVID: PARLIAMENTARY DEBATE, THURSDAY 14TH JANUARY 2021**

**Source**: Hansard, Vol 687 14th January 2021

<https://hansard.parliament.uk/Commons/2021-01-14/debates/8164BAC6-54FD-4D35-A444-3289632C12A9/LongCovid>

**Title:** **CORONAVIRUS: LONG COVID RESEARCH BRIEFING**

**Source**: House of Commons Library Briefing Paper CBP 9112, 14 January 2021

<https://commonslibrary.parliament.uk/research-briefings/cbp-9112/>

**research papers**

**TITLE: EPIDEMIOLOGY OF POST-COVID SYNDROME FOLLOWING HOSPITALISATION WITH CORONAVIRUS: A RETROSPECTIVE COHORT STUDY [PREPRINT]**Source: MedRxiv Preprint Server; 15th Jan 2021

[*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should*not*be used to guide clinical practice.*](https://www.medrxiv.org/content/what-unrefereed-preprint)

Objectives: The epidemiology of post-COVID syndrome (PCS) is currently undefined. We quantified rates of organ-specific impairment following recovery from COVID-19 hospitalisation compared with those in a matched control group, and how the rate ratio (RR) varies by age, sex, and ethnicity. Design Observational, retrospective, matched cohort study. Setting NHS hospitals in England. Participants 47,780 individuals (mean age 65 years, 55% male) in hospital with COVID-19 and discharged alive by 31 August 2020, matched to controls on demographic and clinical characteristics. Outcome measures Rates of hospital readmission, all-cause mortality, and diagnoses of respiratory, cardiovascular, metabolic, kidney and liver diseases until 30 September 2020. Results: Mean follow-up time was 140 days for COVID-19 cases and 153 days for controls. 766 (95% confidence interval: 753 to 779) readmissions and 320 (312 to 328) deaths per 1,000 person-years were observed in COVID-19 cases, 3.5 (3.4 to 3.6) and 7.7 (7.2 to 8.3) times greater, respectively, than in controls. Rates of respiratory, diabetes and cardiovascular events were also significantly elevated in COVID-19 cases, at 770 (758 to 783), 127 (122 to 132) and 126 (121 to 131) events per 1,000 person-years, respectively. RRs were greater for individuals aged <70 than ≥ 70 years, and in ethnic minority groups than the White population, with the biggest differences observed for respiratory disease: 10.5 [9.7 to 11.4] for <70 years versus 4.6 [4.3 to 4.8] for ≥ 70 years, and 11.4 (9.8 to 13.3) for Non-White versus 5.2 (5.0 to 5.5) for White. Conclusions: Individuals discharged from hospital following COVID-19 face elevated rates of multi-organ dysfunction compared with background levels, and the increase in risk is neither confined to the elderly nor uniform across ethnicities. The diagnosis, treatment and prevention of PCS require integrated rather than organ- or disease-specific approaches. Urgent research is required to establish risk factors for PCS.

<https://www.medrxiv.org/content/10.1101/2021.01.15.21249885v1>

**TITLE: 6-MONTH CONSEQUENCES OF COVID-19 IN PATIENTS DISCHARGED FROM HOSPITAL**
Source: The Lancet, 8th Jan 2021

The long-term health consequences of COVID-19 remain largely unclear. The aim of this study was to describe the long-term health consequences of patients with COVID-19 who have been discharged from hospital and investigate the associated risk factors, in particular disease severity.

At 6 months after acute infection, COVID-19 survivors were mainly troubled with fatigue or muscle weakness, sleep difficulties, and anxiety or depression. Patients who were more severely ill during their hospital stay had more severe impaired pulmonary diffusion capacities and abnormal chest imaging manifestations, and are the main target population for intervention of long-term recovery.

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2932656-8>

**TITLE: POST-DISCHARGE HEALTH STATUS AND SYMPTOMS IN PATIENTS WITH SEVERE COVID-19 [PREPRINT]**
Source: Journal of General Internal Medicine; Jan 2021

[*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should*not*be used to guide clinical practice.*](https://www.medrxiv.org/content/what-unrefereed-preprint)

Abstract: BACKGROUND: Little is known about long-term recovery from severe COVID-19 disease. Here, we characterize overall health, physical health, and mental health of patients 1 month after discharge for severe COVID-19. METHODS: This was a prospective single health system observational cohort study of patients ≥ 18 years hospitalized with laboratory-confirmed COVID-19 disease who required at least 6 l of oxygen during admission, had intact baseline cognitive and functional status, and were discharged alive. Participants were enrolled between 30 and 40 days after discharge. Outcomes were elicited through validated survey instruments: the PROMIS® Dyspnea Characteristics and PROMIS® Global Health-10. RESULTS: A total of 161 patients (40.6% of eligible) were enrolled; 152 (38.3%) completed the survey. Median age was 62 years (interquartile range [IQR], 50-67); 57 (37%) were female. Overall, 113/152 (74%) participants reported shortness of breath within the prior week (median score 3 out of 10 [IQR 0-5]), vs 47/152 (31%) pre-COVID-19 infection (0, IQR 0-1), p < 0.001. Participants also rated their physical health and mental health as worse in their post-COVID state (43.8, standard deviation 9.3; mental health 47.3, SD 9.3) compared to their pre-COVID state, (54.3, SD 9.3; 54.3, SD 7.8, respectively), both p < 0.001. Physical and mental health means in the general US population are 50 (SD 10). A total of 52/148 (35.1%) patients without pre-COVID oxygen requirements needed home oxygen after hospital discharge; 20/148 (13.5%) reported still using oxygen at time of survey. CONCLUSIONS: Patients with severe COVID-19 disease typically experience sequelae affecting their respiratory status, physical health, and mental health for at least several weeks after hospital discharge.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7430618/>

**TITLE: PERSISTENT POST-COVID-19 INFLAMMATORY INTERSTITIAL LUNG DISEASE: AN OBSERVATIONAL STUDY OF CORTICOSTEROID TREATMENT**
Source: Annals of the American Thoracic Society; Jan 2021

Abstract: RATIONALE The natural history of recovery from Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2) remains unknown. Since fibrosis with persistent physiological deficit is a previously-described feature of patients recovering from similar coronaviruses, treatment represents an early opportunity to modify the disease course, potentially preventing irreversible impairment. OBJECTIVES Determine the incidence of and describe the progression of persistent inflammatory interstitial lung disease (ILD) following SARS-CoV2 when treated with prednisolone. METHODSA structured assessment protocol screened for sequelae of SARS-CoV2 pneumonitis. 837 patients were assessed by telephone four weeks after discharge. Those with ongoing symptoms had outpatient assessment at six weeks. Thirty patients diagnosed with persistent interstitial lung changes at multi-disciplinary team meeting were reviewed in the interstitial lung disease service and offered treatment. These patients had persistent, non-improving symptoms. RESULTS At four weeks post-discharge, 39% of patients reported ongoing symptoms (325/837), and were assessed. Interstitial lung disease, predominantly organising pneumonia, with significant functional deficit was observed in 35/837 survivors (4.8%). Thirty of these patients received steroid treatment, resulting in a mean relative increase in transfer factor following treatment of 31.6% (standard deviation ± 27.64, p <0.001), and FVC of 9.6% (standard deviation ± 13.01, p = 0.014), with significant symptomatic and radiological improvement. CONCLUSION Following SARS-CoV-2 pneumonitis, a cohort of patients are left with both radiological inflammatory lung disease and persistent physiological and functional deficit. Early treatment with corticosteroids was well tolerated and associated with rapid and significant improvement. This preliminary data should inform further study into the natural history and potential treatment for patients with persistent inflammatory ILD following SARS-CoV2 infection.

<https://pubmed.ncbi.nlm.nih.gov/33433263/>

**TITLE: CENTRAL AND PERIPHERAL NERVOUS SYSTEM COMPLICATIONS OF COVID-19: A PROSPECTIVE TERTIARY CENTER COHORT WITH 3-MONTH FOLLOW-UP**
Source: Journal of Neurology; publ. online 13 Jan 2021

Abstract. Objective: To systematically describe central (CNS) and peripheral (PNS) nervous system complications in hospitalized COVID-19 patients. Methods: We conducted a prospective, consecutive, observational study of adult patients from a tertiary referral center with confirmed COVID-19. All patients were screened daily for neurological and neuropsychiatric symptoms during admission and discharge. Three-month follow-up data were collected using electronic health records. We classified complications as caused by SARS-CoV-2 neurotropism, immune-mediated or critical illness-related. Results: From April to September 2020, we enrolled 61 consecutively admitted COVID-19 patients, 35 (57%) of whom required intensive care (ICU) management for respiratory failure. Forty-one CNS/PNS complications were identified in 28 of 61 (45.9%) patients and were more frequent in ICU compared to non-ICU patients. The most common CNS complication was encephalopathy (n = 19, 31.1%), which was severe in 13 patients (GCS ≤ 12), including 8 with akinetic mutism. Length of ICU admission was independently associated with encephalopathy (OR = 1.22). Other CNS complications included ischemic stroke, a biopsy-proven acute necrotizing encephalitis, and transverse myelitis. The most common PNS complication was critical illness polyneuromyopathy (13.1%), with prolonged ICU stay as independent predictor (OR = 1.14). Treatment-related PNS complications included meralgia paresthetica. Of 41 complications in total, 3 were para/post-infectious, 34 were secondary to critical illness or other causes, and 4 remained unresolved. Cerebrospinal fluid was negative for SARS-CoV-2 RNA in all 5 patients investigated. Conclusion: CNS and PNS complications were common in hospitalized COVID-19 patients, particularly in the ICU, and often attributable to critical illness. When COVID-19 was the primary cause for neurological disease, no signs of viral neurotropism were detected, but laboratory changes suggested autoimmune-mediated mechanisms.

<https://link.springer.com/article/10.1007/s00415-020-10380-x>

**TITLE: HOSPITAL READMISSIONS AFTER IMPLEMENTATION OF A DISCHARGE CARE PROGRAM FOR PATIENTS WITH COVID-19 ILLNESS**
Source: Journal of General Internal Medicine; 14th Jan 2021

Abstract. Background: The surge of coronavirus 2019 (COVID-19) hospitalizations in New York City required rapid discharges to maintain hospital capacity. Objective: To determine whether lenient provisional discharge guidelines with remote monitoring after discharge resulted in safe discharges home for patients hospitalized with COVID-19 illness. Design: Retrospective case series. Setting Tertiary care medical center. Patients: Consecutive adult patients hospitalized with COVID-19 illness between March 26, 2020, and April 8, 2020, with a subset discharged home Interventions COVID-19 Discharge Care Program consisting of lenient provisional inpatient discharge criteria and option for daily telephone monitoring for up to 14 days after discharge. Measurements Fourteen-day emergency department (ED) visits and hospital readmissions. Results: Among 812 patients with COVID-19 illness hospitalized during the study time period, 15.5% died prior to discharge, 24.1% remained hospitalized, 10.0% were discharged to another facility, and 50.4% were discharged home. Characteristics of the 409 patients discharged home were mean (SD) age 57.3 (16.6) years; 245 (59.9%) male; 27 (6.6%) with temperature ≥ 100.4 °F; and 154 (37.7%) with oxygen saturation < 95% on day of discharge. Over 14 days of follow-up, 45 patients (11.0%) returned to the ED, of whom 31 patients (7.6%) were readmitted. Compared to patients not referred, patients referred for remote monitoring had fewer ED visits (8.3% vs 14.1%; OR 0.60, 95% CI 0.31–1.15, p = 0.12) and readmissions (6.9% vs 8.3%; OR 1.15, 95% CI 0.52–2.52, p = 0.73). Limitations Single-center study; assignment to remote monitoring was not randomized. Conclusions During the COVID-19 surge in New York City, lenient discharge criteria in conjunction with remote monitoring after discharge were associated with a rate of early readmissions after COVID-related hospitalizations that was comparable to the rate of readmissions after other reasons for hospitalization before the COVID pandemic.

<https://link.springer.com/article/10.1007/s11606-020-06340-w>

**TITLE: HIGH RATE OF PERSISTENT SYMPTOMS UP TO 4 MONTHS AFTER COMMUNITY AND HOSPITAL-MANAGED SARS-COV-2 INFECTION**
Source: The Medical Journal of Australia; 22nd Dec 2020

[*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should*not*be used to guide clinical practice.*](https://www.medrxiv.org/content/what-unrefereed-preprint)

Abstract. Recovery after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection remains uncertain. A considerable proportion of patients experience persistent symptoms after SARS-CoV-2 infection which impacts health-related quality of life and physical function. Multi-disciplinary follow-up is recommended for patients with post-COVID illness and to assess health-related quality of life and physical function.

<https://www.mja.com.au/journal/2020/high-rate-persistent-symptoms-4-months-after-community-and-hospital-managed-sars-cov-2>

**TITLE: PERSISTENT POOR HEALTH POST-COVID-19 IS NOT ASSOCIATED WITH RESPIRATORY COMPLICATIONS OR INITIAL DISEASE SEVERITY**
Source: Annals of the American Thoracic Society; 6th January 2021

Rationale: Much is known about the acute infective process of SARS-CoV-2, the causative virus of the COVID-19 pandemic. The marked inflammatory response and coagulopathic state in acute SARS-CoV-2 may promote pulmonary fibrosis. However, little is known of the incidence and seriousness of post-COVID pulmonary pathology. Objectives: We describe respiratory recovery and self-reported health following infection at time of outpatient attendance. Methods: Infection severity was graded into three groups: (i) not requiring admission, (ii) requiring hospital admission, and (iii) requiring ICU care. Participants underwent chest radiography and six-minute-walk test (6MWT). Fatigue and subjective return to health were assessed and levels of C-reactive protein (CRP), interleukin-6, soluble CD25 and D-dimer were measured. The association between initial illness and abnormal chest x-ray, 6MWT distance and perception of maximal exertion was investigated. Results: 487 patients were offered an outpatient appointment, of which 153 (31%) attended for assessment at a median of 75 days after diagnosis. 74 (48%) had required hospital admission during acute infection. Persistently abnormal chest x-rays were seen in 4%. The median 6MWT distance covered was 460m. Reduced distance covered was associated with frailty and length of inpatient stay. 95 (62%) felt that they had not returned to full health, while 47% met the case definition for fatigue. Ongoing ill-health and fatigue were associated with increased perception of exertion. None of the measures of persistent respiratory disease were associated with initial disease severity. Conclusions: This study highlights the rates of objective respiratory disease and subjective respiratory symptoms following COVID-19 and the complex multifactorial nature of post-COVID ill-health.

<https://www.atsjournals.org/doi/abs/10.1513/AnnalsATS.202009-1175OC>

**TITLE: THE COVID REHABILITATION PARADOX: WHY WE NEED TO PROTECT AND DEVELOP GERIATRIC REHABILITATION SERVICES IN THE FACE OF THE PANDEMIC**
Source: Age and Ageing; January 2021

Abstract: Older multimorbid persons often fall seriously ill due COVID-19. To be able to participate in social life again, they often need special rehabilitation measures. Geriatric rehabilitation is a multi-professional service geared to these needs. Paradoxically, however, capacities in geriatric rehabilitation are currently being reduced despite increasing demand. The reasons are manifold and are not only due to the current situation. This article highlights the current situation leading to the COVID rehabilitation paradox and shows ways to learn from it for the future.

<https://academic.oup.com/ageing/advance-article/doi/10.1093/ageing/afab009/6097010?login=true>

**TITLE: PERSISTENCE OF SARS-COV-2: A NEW PARADIGM OF COVID-19 MANAGEMENT**
Source: Annali di igiene : medicina preventiva e di comunita; Jan 2021

Abstract: Full attention must be given to the follow-up of patients recovered from Coronavirus disease 2019, which developed in Wuhan, China in December 2019. Among the most serious issues since the emergence of the Severe Acute Respiratory Syndrome Coronavirus 2 has been whether those who had it can experience a second episode of infection and what that implies for immunity. The earlier studies on COVID-19 disease focused primarily on the epidemiological, clinical, and radiological characteristics of patients with COVID-19. However, conclusions of these studies still require to be warranted by more careful design, larger sample size and statistically well-structured studies. COVID-19 is an under-studied infection, and several aspects of viral transmission and clinical progress remain at present unclear. There is a concern about the persistence of SARS-CoV-2 on various surfaces and in the respiratory system of patients who have survived. One of the most concerning issues since the emergence of the SARS-CoV-2 is persistence in patients and whether patients can be re-infected. After hospital discharge, recovered patients were reported to have positive SARS-CoV-2 test in China, Japan, and South Korea. In addition to the persistence of the virus, SARS-CoV-2 re-infection may occur in survivors. In this paper, we focused on the evidence of persistence and re-infection of SARS-CoV-2.

<https://pubmed.ncbi.nlm.nih.gov/33443283/>

**TITLE: EARLY IMMUNE PATHOLOGY AND PERSISTENT DYSREGULATION CHARACTERISE SEVERE COVID-19**
Source: Age and Ageing; January 2021

[*This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should*not*be used to guide clinical practice.*](https://www.medrxiv.org/content/what-unrefereed-preprint)

Summary. In a study of 207 SARS-CoV2-infected individuals with a range of severities followed over 12 weeks from symptom onset, we demonstrate that an early robust immune response, without systemic inflammation, is characteristic of asymptomatic or mild disease. Those presenting to hospital had delayed adaptive responses and systemic inflammation already evident at around symptom onset. Such early evidence of inflammation suggests immunopathology may be inevitable in some individuals, or that preventative intervention might be needed before symptom onset. Viral load does not correlate with the development of this pathological response, but does with its subsequent severity. Immune recovery is complex, with profound persistent cellular abnormalities correlating with a change in the nature of the inflammatory response, where signatures characteristic of increased oxidative phosphorylation and reactive-oxygen species-associated inflammation replace those driven by TNF and IL-6. These late immunometabolic inflammatory changes and unresolved immune cell defects, if persistent, may contribute to “long COVID”.

<https://www.medrxiv.org/content/10.1101/2021.01.11.20248765v1>

**TITLE: RETURNING TO PHYSICAL ACTIVITY AFTER COVID-19: PRACTICE POINTER**
Source: BMJ 2021; 372  Published 08 January 2021

Our professional experience suggests that, after mild suspected covid-19, a proportion of people experience a prolonged recovery, particularly when trying to return to exercise. Moreover, there is increasing recognition of potential long term complications of covid-19, including enduring illness (“post-acute” or “long” covid), cardiopulmonary disease, and psychological sequelae in some people.1234 This article offers a pragmatic approach to help patients safely return to physical activity after symptomatic SARS-CoV-2 infection, focusing on those who have lost fitness or had a prolonged period of inactivity but who do not have an enduring post-acute covid-19 illness. It is based on current evidence and consensus statements, and our own multidisciplinary experience in sports and exercise medicine, rehabilitation, and primary care.

<https://www.bmj.com/content/372/bmj.m4721>

**blogS**

**TITLE: REHABILITATION FOR LONG COVID**

**Source**: Derick Wade; Rehabilitation Matters, 12th Jan 2021 [personal blog]

Medical services responded rapidly to the very obvious, severe acute challenge of increasing numbers of people severely ill with Covid-19. The challenge to rehabilitation services is likely to be ten times as big, given that long-covid arises after less severe acute illness as well as after severe illness. Yet, despite the longer lead time which should allow preparation, there is virtually no forward planning. Why not? …

**news & local SERVICE DEVelopments**

**TITLE: LIVING WITH COVID**

Source: BMA | Published online 13TH 2020

The future of doctors who have been struck down by the long-term effects of COVID-19 has yet to be fully explored and planned for. Jennifer Trueland talks to two doctors about their struggle to get back on top.

<https://www.bma.org.uk/news-and-opinion/living-with-covid>

**TITLE: LONG COVID COULD ‘WREAK HAVOC’ ON NHS WORKFORCE AND DISRUPT VACCINE ROLLOUT**

Source: BMA | Published online 13TH 2020

A BMA survey in December found that 5% of doctors were suffering from ‘continuing symptoms several weeks’ after they contracted coronavirus - rising from 4% in October. In August the BMA warned of ‘significant levels’ of long-term COVID-19 symptoms in patients and doctors. MPs have called for the government to make long COVID an occupational disease, and demanded better financial support for those suffering with the illness, as well as better reporting and research on long COVID.

<https://www.gponline.com/long-covid-wreak-havoc-nhs-workforce-disrupt-vaccine-rollout/article/1704644>

**TITLE: PERSPECTUM ANNOUNCES WORLD’S FIRST INTEGRATED IMAGING SERVICE FOR LONG COVID APPROVED BY UK’S MHRA**

Source: BusinessWire | Published online 14th Jan 2020

The UK’s Medicines & Healthcare products Regulatory Agency (MHRA) approved the use of CoverScan MD, an MRI-based technology that maps the effects of COVID-19 on several of the body’s key organs, developed by Perspectum. With 1 in 20 COVID-19 patients predicted to experience ongoing symptoms, or “Long COVID”, CoverScan MD quickly and safely provides medical professionals with the information critically needed to assess and evaluate patients.

<https://www.businesswire.com/news/home/20210114005850/en/Perspectum-Announces-World>

**TITLE: THE RISKS OF LONG COVID MEAN CATCHING THE VIRUS IS LIKE "PLAYING RUSSIAN ROULETTE" FOR THE YOUNG AND HEALTHY, A LEADING IMMUNOLOGIST HAS SAID**

Source: BBC | Published online 12th January 2021

The risks of long Covid mean catching the virus is like "playing Russian Roulette" for the young and healthy, a leading immunologist has said. A panel of health workers suffering with the long-term effects of the virus described pain, fatigue and debilitating nerve damage. They warned against a "black and white" view of Covid as an illness that was either mild or deadly. An estimated 5-10% of patients remain ill two months after being infected. It's true that, for the majority of people, Covid is relatively short and mild. But a sizeable minority are left with symptoms from the annoying to the debilitating.

<https://www.bbc.co.uk/news/health-55635451#:~:text=The%20risks%20of%20long%20Covid,fatigue%20and%20debilitating%20nerve%20damage>

**TITLE: MANY 'LONG COVID' SUFFERERS UNABLE TO FULLY WORK SIX MONTHS LATER**

Source: The Guardian | Published online 5th January 2021

Many people suffering from “long Covid” are still unable to work at full capacity six months after infection, a large-scale survey of confirmed and suspected patients has found. While Covid-19 was initially understood to be a largely respiratory illness from which most people would recover within two or three weeks, as the pandemic wore on increasing numbers reported experiencing symptoms for months on end. These long haulers – with symptoms affecting organs ranging from the heart to the brain – have no real explanation and no standardised treatment plan for their long-term condition. There is no consensus on the scale and impact of long Covid but emerging data is concerning. In one of the largest studies yet, which has not been peer reviewed, Patient Led Research for Covid-19 (a group of long Covid patients who are also researchers) surveyed 3,762 people aged 18 to 80-plus from 56 countries who responded in nine different languages to 257 different questions.

<https://www.theguardian.com/society/2021/jan/05/many-long-covid-sufferers-unable-fully-work-six-months-later>

**TITLE: DORSET POST COVID SYNDROME AX SERVICE OPEN TO REFERRALS FROM TODAY**

Source: Hilary Hall, Dorset Integrated Care System (ICS) AHP Lead & physio at heart. | Published online 13th January 2021

‘Dorset Post COVID Syndrome Ax service open to referrals from today. Great collaborative working once again - TY. Look forward to sharing learning & experiences with other similar services as we help Dorset residents recover from prolonged effects of C19 @DorsetAHP's #LongCOVID’

<https://twitter.com/HilaryHallAHP/status/1349320627371593730>

**patient information**

**TITLE: LONG-TERM EFFECTS OF CORONAVIRUS (LONG COVID)**

Source: NHS Conditions| Published January 2021

For some people, coronavirus (COVID-19) can cause symptoms that last weeks or months after the infection has gone. This is sometimes called post-COVID-19 syndrome or "long COVID".

<https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/#:~:text=Symptoms%20of%20long%20COVID&text=extreme%20tiredness%20(fatigue),concentration%20(%22brain%20fog%22)>

**TITLE: Recovery app launched in Wales to help support people with long COVID17:35 21/01/2021**

Source: Welsh Government Press Release| Published 20th  January 2021

The bilingual, first of its kind, app has been developed by the NHS Wales respiratory health group on behalf of the Welsh Government and has been designed to offer people a bespoke tool and personal coach to help them on their road to recovery. With more than 100 videos and links to advice, app users will be able to record their symptoms, track their progress and learn to manage their condition at home with support. It includes advice from therapists, psychologists, dietitians and consultants. The app is part of a wider national approach to support people with post-COVID syndrome which includes supporting health professionals to recognise the symptoms, signposting people to support and providing a clear pathway for people as they go through the healthcare system.

<https://gov.wales/recovery-app-launched-wales-help-support-people-long-covid>

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[TRFT Library & Knowledge Service](https://www.trftlibraryknowledge.com/) aim to bring together the latest guidelines, research and news on Covid-19 through our [Covid-19 portal](https://www.trftlibraryknowledge.com/coronavirus.html). For daily updates on Covid-19 visit our '[Latest Health](https://trfthealthweeklydigest.wordpress.com/)' newsfeed, or use the hashtag [#covid19rftlks](https://twitter.com/hashtag/covid19rftlks?src=hashtag_click) to see our latest tweets on Covid-19 research, guidelines and news.

We also produce a range of subject-specific news feeds to ensure our clinical and professional teams stay up to date with developments in their work areas. Please visit our [website](http://www.trftlibraryknowledge.com/) for more information

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